



## **Texas Department of Insurance**

### **Division of Workers' Compensation**

Medical Fee Dispute Resolution, MS-48

7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645

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## **MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION**

### **GENERAL INFORMATION**

DALLAS TX 75246

#### **Requestor Name and Address**

URGENT SURGERY ASSOCIATES PA  
3409 WORTH STREET SUITE 640

#### **Respondent Name**

LIBERTY INSURANCE CORP

#### **Carrier's Austin Representative Box**

Box Number 01

#### **MFDR Tracking Number**

M4-12-2355-01

#### **MFDR Date Received**

MARCH 13, 2012

### **REQUESTOR'S POSITION SUMMARY**

**Requestor's Position Summary:** "CPT code 27799 was initially denied for lack of a description. On appeal, it was denied as included with another procedure. The next appeal was denied citing Rule 133.250. Description of the code was provided to the carrier on request and the charge should be paid separately."

**Amount in Dispute:** \$2,000.00

### **RESPONDENT'S POSITION SUMMARY**

**Respondent's Position Summary:** The respondent did not submit a response to this request for medical fee dispute resolution.

**Response Submitted by:** None

### **SUMMARY OF FINDINGS**

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
May 26, 2011	CPT Code 37799	\$2,000.00	\$00.00

### **FINDINGS AND DECISION**

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

#### **Background**

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §134.203, effective March 1, 2008, sets the reimbursement guidelines for the disputed service.
3. 28 Texas Administrative Code §134.1 provides for fair and reasonable reimbursement of health care in the absence of an applicable fee guideline.
4. Texas Labor Code §413.011 sets forth provisions regarding reimbursement policies and guidelines.
5. The services in dispute were reduced/denied by the respondent with the following reason codes:

Explanation of benefits (EOBs) dated August 31, 2011

- X393-This is an unlisted procedure. For reconsideration please submit appeal with EOP and a bill with

- more descriptive code or documentation.
- 16-Claim/service lacks information which is needed for adjudication. Additional information is supplied using remittance advice remarks codes whenever appropriate.

Explanation of benefits dated October 28, 2011

- 97-Payment is included in the allowance for another service/procedure.
- X212-This procedure is included in another procedure performed on this date.

Explanation of benefits dated December 5, 2011

- 97-Payment is included in the allowance for another service/procedure.
- X212-This procedure is included in another procedure performed on this date.

## **Issues**

1. Does the documentation support billing of CPT code 37799?
2. Is CPT code 37799 included in another procedure billed on the disputed date?
3. Is the requestor entitled to reimbursement?

## **Findings**

1. According to the original EOBs, the respondent denied reimbursement for the disputed CPT code 37799 based upon reason codes: "X393-This is an unlisted procedure. For reconsideration please submit appeal with EOP and a bill with more descriptive code or documentation"; and "16-Claim/service lacks information which is needed for adjudication. Additional information is supplied using remittance advice remarks codes whenever appropriate".

CPT code 37799 is defined as "Unlisted procedure, vascular surgery".

The requestor noted in the appeal letter dated October 12, 2011 that CPT code 37799 "was billed for the ligation of small bleeding vessels, which I've highlighted on the enclosed operative report."

The requestor noted on the operative report "CPT code 27799" for "Any small bleeding vessels were found and ligated using 2-0 silk."

2. According to the reconsideration EOBs, the respondent denied reimbursement for the disputed CPT code 37799 based upon reason codes: "97-Payment is included in the allowance for another service/procedure"; and "X212-This procedure is included in another procedure performed on this date".

On the disputed date of service, the requestor billed for the following CPT codes:

- 37799 is defined as "Unlisted procedure, vascular surgery".
- 11012- "Debridement including removal of foreign material at the site of an open fracture and/or an open dislocation (eg, excisional debridement); skin, subcutaneous tissue, muscle fascia, muscle, and bone".
- 27592- "Amputation, thigh, through femur, any level; open, circular (guillotine)".
- 37618- "Ligation, major artery (eg, post-traumatic, rupture); extremity".
- 76705- "Ultrasound, abdominal, real time with image documentation; limited (eg, single organ, quadrant, follow-up)".
- 93308- "Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, follow-up or limited study".
- 97606- "Negative pressure wound therapy (eg, vacuum assisted drainage collection), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session; total wound(s) surface area greater than 50 square centimeters".
- 99285- "Emergency department visit for the evaluation and management of a patient, which requires these 3 key components within the constraints imposed by the urgency of the patient's clinical condition and/or mental status: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity and pose an immediate significant threat to life or physiologic function".

The Division finds that the submitted documentation does not support that CPT code 37799 is included in another procedure billed on this date.

3. 28 Texas Administrative Code §134.203 (a)(5) states "Medicare payment policies" when used in this section, shall mean reimbursement methodologies, models, and values or weights including its coding, billing, and reporting payment policies as set forth in the Centers for Medicare and Medicaid Services (CMS) payment

policies specific to Medicare”.

28 Texas Administrative Code §134.203 (b)(1) states “For coding, billing, reporting, and reimbursement of professional medical services, Texas workers’ compensation system participants shall apply the following:

(1) Medicare payment policies, including its coding; billing; correct coding initiatives (CCI) edits; modifiers; bonus payments for health professional shortage areas (HPSAs) and physician scarcity areas (PSAs); and other payment policies in effect on the date a service is provided with any additions or exceptions in the rules.”

28 Texas Administrative Code §134.203 (f) states “For products and services for which no relative value unit or payment has been assigned by Medicare, Texas Medicaid as set forth in §134.203(d) or §134.204(f) of this title, or the Division, reimbursement shall be provided in accordance with §134.1 of this title (relating to Medical Reimbursement).”

28 Texas Administrative Code §134.1, effective March 1, 2008, 33 *Texas Register* 626, which requires that, in the absence of an applicable fee guideline or a negotiated contract, reimbursement for health care not provided through a workers’ compensation health care network shall be made in accordance with subsection §134.1(f) which states that “Fair and reasonable reimbursement shall: (1) be consistent with the criteria of Labor Code §413.011; (2) ensure that similar procedures provided in similar circumstances receive similar reimbursement; and (3) be based on nationally recognized published studies, published Division medical dispute decisions, and/or values assigned for services involving similar work and resource commitments, if available.”

Texas Labor Code §413.011(d) requires that fee guidelines must be fair and reasonable and designed to ensure the quality of medical care and to achieve effective medical cost control. The guidelines may not provide for payment of a fee in excess of the fee charged for similar treatment of an injured individual of an equivalent standard of living and paid by that individual or by someone acting on that individual’s behalf. It further requires that the Division consider the increased security of payment afforded by the Act in establishing the fee guidelines.

28 Texas Administrative Code §133.307(g)(3)(D), requires the requestor to provide “documentation that discusses, demonstrates, and justifies that the payment amount being sought is a fair and reasonable rate of reimbursement.” Review of the submitted documentation finds that the requestor does not demonstrate or justify that the amount sought of \$2,000.00 for CPT code 37799 would be a fair and reasonable rate of reimbursement. As a result payment cannot be recommended

### **Conclusion**

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is \$0.00.

### ***ORDER***

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

### **Authorized Signature**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Medical Fee Dispute Resolution Officer

6/27/2012  
\_\_\_\_\_  
Date

### ***YOUR RIGHT TO APPEAL***

Either party to this medical fee dispute may appeal this decision by requesting a contested case hearing. A completed **Request for a Medical Contested Case Hearing** (form **DWC045A**) must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. The party seeking review of the MDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a **certificate of service demonstrating that the request has been sent to the other party.**

**Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.**